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CONFIRMATION NO. 5637

SERIAL NUMBER 10/660,501	FILING DATE 09/12/2003 RULE	CLASS 422	GROUP ART UNIT 1744	ATTORNEY DOCKET NO.					
APPLICANTS <i>MRC</i> Shing-Jy Shyu, Taipei County, TAIWAN;									
** CONTINUING DATA ***** <i>MRC</i>									
** FOREIGN APPLICATIONS ***** <i>MRC</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/10/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> STATE OR COUNTRY TAIWAN </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> SHEETS DRAWING 5 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> TOTAL CLAIMS 1 </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS <div style="text-align: right; margin-right: 100px;">AIR MAIL</div> Shing-Jy Shyu P. O. Box No. 6-57 Junghe , TAIPEI 235 TAIWAN									
TITLE Ceiling fan with sterilizing and air cleaner device									
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____
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